

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Your Vitamin D Screening Results

Dear [Patient Name],

Thank you for choosing [Clinic/Provider Name] for your recent blood work. We have received the results of your Vitamin D (25-Hydroxyvitamin D) screening performed on [Date of Test].

Your Result: [Result Value] ng/mL

Reference Ranges:

- Deficiency: Less than 20 ng/mL
- Insufficiency: 20 to 29 ng/mL
- Sufficiency (Normal): 30 to 100 ng/mL

Provider Comments:

[Insert specific provider notes or recommendations here, e.g., "Your levels are within the normal range. Continue your current routine," or "Your levels are low; please begin taking a daily supplement of XXXX IU as discussed."]

Vitamin D is essential for bone health and immune function. If your levels are outside the normal range, we recommend [scheduling a follow-up appointment/discussing this at your next visit] to create a plan for supplementation or dietary changes.

If you have any questions regarding these results, please call our office at [Phone Number].

Sincerely,

[Provider Name/Signature]

[Clinic Name]